

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING

255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 005 Date Jan. 3, 1980

Job Location 1220 Scott St. Valuation \$ 125.00
Address

Owner Elsie Yocum Address Florida
Name

Contractor Sherm Smith Telephone No. 592-7791
 Address Route 2, Napoleon, Ohio

Electric Contractor _____

Plumbing Contractor _____

Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential No. dwelling units Commercial _____ Industrial _____

New Construction _____ Addition _____ Remodel

Brief Description of Work New 100A service

ISSUED BY _____ Building Official DEPT. OF BUILDING & ZONING

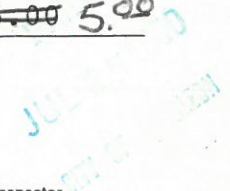
It is the owners or contractors responsibility to call the Building Department for the following (X) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- _____ Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- _____ Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ 45.00 <u>5.00</u>
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ 45.00 <u>5.00</u>
LESS FEES PAID	\$ <u>-0-</u>
BALANCE DUE	\$ 45.00 <u>5.00</u>

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.



PERMIT

CITY OF NAPOLEON, OHIO -- DEPT. OF BUILDING & ZONING
 255 W. RiverView Avenue, Napoleon, Ohio 43545 (419) 582-4010

005

Permit No. _____
 Job Location _____
 Owner _____
 Contractor _____
 Address _____
 Telephone No. _____
 Valuation \$ _____
 Date _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information: Residential _____ Commercial _____ Industrial _____
 New Construction _____ Addition _____ Remodel _____
 Brief Description of Work _____

ISSUED BY: _____ DEPT. OF BUILDING & ZONING

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- _____ Sanitary sewer.
- _____ Rough-in electrical, plumbing and service framing prior to installing wall board.
- _____ First electrical, plumbing and heating.
- _____ Final building inspection, prior to occupancy.

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

PERMIT & FEES

Building Permit	\$ _____
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____
TOTAL FEES	\$ _____
LESS FEES PAID	\$ _____
BALANCE DUE	\$ _____

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING

255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

005

Permit No. _____ Date Jan. 3, 1980

Job Location 1220 Scott St. Valuation \$ 125.00

Owner Elsie Yocum Address Florida

Contractor Sherm Smith Name Address _____ Telephone No. 592-7791

Address Route 2, Napoleon, Ohio

Electric Contractor _____

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Work Information:

Residential Commercial _____ Industrial _____

New Construction _____ Addition _____ Remodel

Brief Description of Work New 100A service

ISSUED BY _____ DEPT. OF BUILDING & ZONING

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- _____ Sanitary sewer
- _____ Rough-in electrical, plumbing and service framing prior to installing wall board.
- _____ Final electrical, plumbing and heating.
- _____ Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ <u>32.00</u>
Electrical Permit	\$ <u>5.00</u>
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ <u>45.00</u>
LESS FEES PAID	\$ <u>20.00</u>
BALANCE DUE	\$ <u>25.00</u>

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

INSPECTION RECORD

UNDERGROUND			ROUGH-IN			FINAL		
Type	Date	By	Type	Date	By	Type	Date	By
PLUMBING	Sewer Connection		Drainage, W. & Vent			Drainage, W. & Vent		
	Building Sewer		Water Piping			Water Heater		
	Water Piping		Condensate Lines			Backflow Prevention		
			Indirect Waste					
ELECTRICAL	Floor Ducts Raceways		Rough Wiring			FINAL APPROVAL		
	Conduits & or Cable		Conduits/Cable			Electric Mtr. Clearance		
	Grounding & or Bonding		Service Panel			Signs		
			Switchboard					
			Subpanels					
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer				FINAL APPROVAL	
MECHANICAL	Refrigerant Piping		Refrigerant Piping			Duct Insulation		
	Ducts/Plenums		Ducts/Plenums			Chimney(s)		
			Ventilation Supply			Furnace(s)		
			<input type="checkbox"/> Exhst.			FINAL APPROVAL		
BUILDING	Location, Set-backs, Esmt(s)		Wall Construction			Fireplace Chimney		
	Excavation		Crawl Space			Attic		
	Footings & Reinforcing		<input type="checkbox"/> Vent <input type="checkbox"/> Access			<input type="checkbox"/> Vent <input type="checkbox"/> Access		
	Sub-soil Drain		Floor System(s)			Special Insp Reports Rec'd		
	Foundation Walls		Roof System			Smoke Detector		
	Floor Slab		Fire Wall(s)			Demolition (sewer cap)		
			Roof Cover Roof Drain			Building or Structure		
FINAL APPROVAL		Certificate of		#				
BLDG. DEPT		Occupancy Issued						

CITY OF CLEVELAND, OHIO - DEPT. OF BUILDING & ZONING PERMIT

If the owner or contractor is responsible for calling the Building Department for the following (X) inspection:

Footings, excavation, concrete placement, concrete formwork, foundation piers, footing drains and foundation piers, to basement, prepared and ready for placement, concrete floor slab, garage floor, garage stairs, Finish electrical, plumbing and heating, Final building inspection, prior to occupancy.

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

View Building Department, Phone: 527-5321, 527-5322, 527-5323, 527-5324, 527-5325, 527-5326, 527-5327, 527-5328, 527-5329, 527-5330, 527-5331, 527-5332, 527-5333, 527-5334, 527-5335, 527-5336, 527-5337, 527-5338, 527-5339, 527-5340, 527-5341, 527-5342, 527-5343, 527-5344, 527-5345, 527-5346, 527-5347, 527-5348, 527-5349, 527-5350, 527-5351, 527-5352, 527-5353, 527-5354, 527-5355, 527-5356, 527-5357, 527-5358, 527-5359, 527-5360, 527-5361, 527-5362, 527-5363, 527-5364, 527-5365, 527-5366, 527-5367, 527-5368, 527-5369, 527-5370, 527-5371, 527-5372, 527-5373, 527-5374, 527-5375, 527-5376, 527-5377, 527-5378, 527-5379, 527-5380, 527-5381, 527-5382, 527-5383, 527-5384, 527-5385, 527-5386, 527-5387, 527-5388, 527-5389, 527-5390, 527-5391, 527-5392, 527-5393, 527-5394, 527-5395, 527-5396, 527-5397, 527-5398, 527-5399, 527-5400.

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(please print or type)

005

\$5.00

The undersigned hereby makes application for installation or replacement of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Codes.

Owner's Name ELSIE VOPEL Address STATE OF FLORIDA

Electrical Contractor SHERM SMITH Telephone No. 592 7791

Address RT 2 NAP.

General Contractor _____ Telephone No. _____

Address _____

Location of Project 1220 SCOTT Cost of Project 125.00

Work Information:

Residential 1 Commercial _____ Industrial _____

New _____ Service Change X Rewiring _____ Additional Wiring _____

Brief Description of Work: NEW 100 A SERVICE.

Size of proposed Service Entrance 100A Number of new Circuits _____

Type of proposed Service Entrance _____ Underground _____ Overhead X

Require Temporary Electric _____ (Yes or No)

Total Floor Area - Commercial and Industrial only _____ sq. ft.

Additional Information: _____

*GROUND-FAULT CIRCUIT INTERRUPTER PROTECTION IS REQUIRED ON ALL 120-VOLT SINGLE PHASE, 15 AND 20 AMP. CIRCUITS WHICH ARE PART OF A TEMPORARY ELECTRIC SERVICE; AND ALSO ON BATHROOM, OUTDOOR, AND GARAGE RECEPTACLES IN ALL DWELLING UNITS. Art. 210-8 N.E.C.

*APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELECTRICAL LAYOUT AND RISER DIAGRAM. (FOR COMMERCIAL AND INDUSTRIAL WORK ONLY).

Date 12-28-79 Applicant's Signature Sherman Smith

